

Medicare Hospice Benefits



**A special way of caring for people
who have a terminal illness**

**This is the official government publication
for Medicare hospice benefits with important
information about**

- ★ the hospice program and who is eligible,
- ★ your Medicare hospice benefits,
- ★ how to find a hospice program, and
- ★ where you can get more help.

Welcome

For readers who are helping another person make decisions about hospice care:

Choosing hospice care is a difficult decision. The information in this booklet and the support given by your doctor and a trained hospice care team can help you choose the most appropriate health care options for a terminally ill person.

Whenever possible, include the person who may need hospice care in all health care decisions.

“Medicare Hospice Benefits” isn’t a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

The information in this booklet was correct when it was printed. Changes may occur after printing. For the most up-to-date version, visit www.medicare.gov on the web. Select “Search Tools” at the top of the page. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. A customer service representative can tell you if the information has been updated.

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What is hospice?

Hospice is a special way of caring for people who are terminally ill.

- People of all ages who are terminally ill can get hospice care during the final months of life.
- Families of people who are terminally ill may also benefit from hospice care and can receive counseling services.
- Hospice care for people who are terminally ill includes physical, psychological, social, and counseling services.
- A public agency or private company can provide hospice services.
- The goal of hospice is to provide care for people who are terminally ill to manage their pain and other symptoms, not to cure their illness.

Who can get Medicare hospice benefits?

You can get Medicare hospice benefits when you meet **all** the following conditions:

- You are eligible for Medicare Part A (hospital insurance), **and**
- Your doctor and the hospice medical director certify that you are terminally ill and have six months or less to live if your illness runs its normal course, **and**
- You sign a statement choosing hospice care instead of other Medicare-covered benefits to treat your terminal illness,* **and**
- You get care from a Medicare-approved hospice program.

* Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness.

How does hospice work?

Your doctor and the hospice medical team will work with you and your family to set up a plan of care that meets your needs. Your plan of care includes hospice services that are covered by Medicare. For more specific information on a hospice plan of care, call your state or national hospice organization (see pages 10–12).

If you qualify for hospice care, you will have a specially trained medical team and support staff available to help you and your family cope with your illness. Hospice comfort care helps you make the most of the last months of life. Hospice comfort care includes use of drugs for symptom control and pain relief, physical care, counseling, equipment, and supplies to make you as comfortable and pain free as possible. **The focus of hospice is on care, not cure.**

Those involved in your care include

- you,
- your family,
- a doctor,
- a nurse,
- counselors,
- a social worker,
- speech-language therapists,
- home health aides,
- homemakers, and
- volunteers.

How does hospice work? (continued)

In addition, a hospice nurse and doctor are on call 24 hours a day, seven days a week to give you and your family support and care when you need it.

Although a hospice doctor is part of the medical team, your regular doctor can also be part of this team. If you choose, a nurse practitioner may serve as your attending doctor. However, only your doctor and the hospice medical director can certify that you are terminally ill and have six months or less to live.

The hospice benefit allows you and your family to stay together in the comfort of your home. If you should need care for your illness in an inpatient hospice facility, hospital, or nursing home, the hospice medical team will make the arrangements for your stay.

What will Medicare pay for?

The care you get for your terminal illness must be from a **Medicare-approved** hospice program.

You can receive a one-time-only hospice consultation with a hospice medical director or hospice physician to discuss your care options and management of pain and symptoms. You don't need to choose hospice care to take advantage of this consultation service.

Medicare pays for these hospice services for your terminal illness and related conditions:

- Doctor services
- Nursing care
- Medical equipment (such as wheelchairs or walkers)
- Medical supplies (such as bandages and catheters)
- Drugs for symptom control or pain relief (you may need to pay a small copayment)
- Home health aide and homemaker services
- Physical and occupational therapy
- Speech therapy
- Social worker services
- Dietary counseling
- Grief and loss counseling for you and your family
- Short-term inpatient care
- Short-term respite care (you may need to pay a small copayment)
- Any other covered Medicare services needed to manage your pain and other symptoms, as recommended by your hospice team

Important:

Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness.

What is respite care?

Respite care is care given to a hospice patient by another caregiver so that the usual caregiver can rest. While in hospice care you may have one person who takes care of you every day, such as a family member. Sometimes this person needs someone to take care of you for a short time when he or she needs a break from care giving. During a period of respite care, you will be cared for in a Medicare-approved facility, such as a hospice inpatient facility, hospital, or nursing home.

What won't Medicare pay for?

When you choose hospice care, Medicare won't pay for any of the following:

- **Treatment intended to cure your terminal illness**

You should talk with your doctor if you are thinking about getting treatment to cure your illness. As a hospice patient, you always have the right to stop getting hospice care at any time and receive the Medicare coverage you had before you chose hospice care.

- **Prescription drugs to cure your illness rather than for symptom control or pain relief. If you are enrolled in Medicare prescription drug coverage, however, drugs unrelated to your illness would be covered (for instance, if you needed medicine to treat an infection unrelated to your terminal illness).**

For more information about Medicare prescription drug coverage, visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- **Care from any provider that wasn't set up by the hospice medical team**

You must get hospice care from the hospice provider you chose. All care that you get for your terminal illness must be given by or arranged by the hospice medical team. You can't get the same type of hospice care from a different provider, unless you change your hospice provider.

- **Room and board**

Room and board aren't covered by Medicare if you get hospice care in your home or if you live in a nursing home or a hospice residential facility. However, if the hospice medical team determines that you need short-term inpatient or respite services that they arrange, your stay in the facility is covered. You may be required to pay a small copayment for the respite stay.

- **Care in an emergency room, unless it's arranged by your hospice medical team**

- **Care in an inpatient facility, unless it's arranged by your medical team**

- **Ambulance transportation, unless it's arranged by your medical team**

What will I have to pay for hospice care?

Medicare pays the hospice provider for your hospice care. You will have to pay the following:

- **No more than \$5 for each prescription drug and other similar products for pain relief and symptom control**
- **Five percent of the Medicare payment amount for inpatient respite care.** For example, if Medicare pays \$100 per day for inpatient respite care, you will pay \$5 per day. You can stay in a Medicare-approved hospital or nursing home up to five days each time you get respite care. There is no limit to the number of times you can get respite care. The amount you pay for respite care can change each year.

How would care for a condition other than terminal illness be covered?

You should continue to use your Medicare plan (such as the Original Medicare Plan or a Medicare Advantage Plan) to get care for any health problems that aren't related to your terminal illness. You may be able to get this care from the hospice medical team doctor or from your own doctor. The hospice medical team must determine that any other medical care you need that isn't related to your terminal illness won't affect your care under the hospice benefit.

If you use the Original Medicare Plan, you must pay the deductible and coinsurance amounts. If you use a Medicare Advantage Plan, you must pay the copayment. You must also continue to pay Medicare premiums, if necessary.

For more information about Medicare health plans, including deductibles, coinsurance, and copayments, look in your "Medicare & You" handbook (CMS Pub. No. 10050). If you don't have the "Medicare & You" handbook, you can get a free copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can order the handbook online at www.medicare.gov on the web.

Important information about Medigap (Medicare Supplement Insurance) policies:

If you are in the Original Medicare Plan, you might have a Medigap policy. Your Medigap policy still helps to cover the costs for the care of health problems that aren't related to your terminal illness. Call your Medigap insurance company for more information. You can also get a free copy of "Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare" (CMS Pub. No. 02110). This guide will give you more information on using Medigap policies. To order, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

How long can I get hospice care?

You can get hospice care as long as your doctor and the hospice medical director or other hospice doctor certify that you are terminally ill and probably have six months or less to live if the disease runs its normal course. If you live longer than six months, you can still get hospice care, as long as the hospice medical director or other hospice doctor recertifies that you are terminally ill.

Important: Hospice care is given in **periods of care**. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods. **At the start of each period of care, the hospice medical director or other hospice doctor must recertify that you are terminally ill, so that you may continue to get hospice care.** A period of care starts the day you begin to get hospice care. It ends when your 90-day or 60-day period ends.

Why would I stop getting hospice care?

If your health improves or your illness goes into remission, you no longer need hospice care. Also, you always have the right to stop getting hospice care for any reason. If you stop your hospice care, you will receive the type of Medicare coverage that you had before you chose a hospice program. If you are eligible, you can go back to hospice care at any time.

Example: Mrs. Jones has terminal cancer and received hospice care for two 90-day periods of care. Her cancer went into remission. At the start of her 60-day period of care, Mrs. Jones and her doctor decided that, due to her remission, she wouldn't need to return to hospice care at that time. Mrs. Jones' doctor told her that if she becomes eligible for hospice services in the future, she may be recertified and can return to hospice care.

Can I change the hospice provider that I get care from?

You have the right to change providers only once during each period of care.

How can I find a hospice program?

To find a hospice program, call your state hospice organization. The hospice program you choose must be Medicare approved to get Medicare payment. To find out if a hospice program is Medicare approved, ask your doctor, the hospice program, your state hospice organization, or your state health department.

Where can I get more information?

1. Call your state hospice organization to find a hospice program in your area (see telephone numbers on pages 11–12).
2. Call national hospice associations or visit their web sites.
 - National Hospice and Palliative Care Organization (NHPCO)
1700 Diagonal Road, Suite 625
Alexandria, VA 22314

1-800-658-8898

www.nhpco.org
 - Hospice Association of America
228 7th Street, SE
Washington, DC 20003

1-202-546-4759

www.hospice-america.org
3. Visit www.medicare.gov on the web.
4. Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

Note: At the time of printing, these telephone numbers were correct. Telephone numbers sometimes change. To get the most updated telephone numbers, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Or, visit www.medicare.gov on the web. Select “Search Tools” at the top of the page.

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a day, every day.**

- **www.medicare.gov on the web**
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- **1-877-486-2048 (TTY)**

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